

PARTICIPANT NAME: _____

DEADGAME FIGHT SCHOOL

DEADGAME: Never ending perseverance, to refuse to surrender at all costs.

2727 Clydo Road #7
Jacksonville, FL 32207

(904) 982-0099

In consideration for my minor child being allowed to participate in activities at DEADGAME FIGHT SCHOOL, including but not limited to, boxing, mixed martial arts, wrestling, and fitness training, instruction, sparring, drills, and equipment usage, as well as related events and activities, I, the undersigned agree to and acknowledge the following:

1. That I am the parent or legal guardian of the below named minor child, that I have the legal right to make decisions on behalf of and for the child, and that I wish to exercise my rights to make such decisions on behalf of and for the child by electing to have the child participate in activities at DEADGAME FIGHT SCHOOL.

2. That prior to having my child participate in activities at DEADGAME FIGHT SCHOOL, I will have the opportunity to inspect the facilities and equipment being used, and also to question the instructors and staff who are participating in or at DEADGAME FIGHT SCHOOL. Should I discover anything that I believe is unsafe, I will not permit my child to participate in activities at DEADGAME FIGHT SCHOOL, and I or my child will immediately advise the instructors or staff of the unsafe condition(s).

3. That each participant will be engaging in activities that involve risk of serious injury, including but not limited to permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but also from the action, inaction, or negligence of others, or the conditions inherent in sports such as boxing, mixed martial arts, wrestling, and fitness training, or related to the equipment that is used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

4. That I assume all the foregoing risks and accept personal responsibility for the damages following any such injury, permanent disability, or death.

5. That I release, waive, discharge, and covenant not to sue DEADGAME FIGHT SCHOOL, its agents, employees, instructors, trainers, coaches, or fellow students/participants, from any and all liability to the undersigned and the undersigned's child, their heirs and next of kin, for any and all claims, demands, losses or damages on account of injury, including but not limited to personal injuries, death, or property damage, caused or alleged to have been caused in whole or in part by the negligence of DEADGAME FIGHT SCHOOL, its agents, employees, instructors, trainers, coaches, or fellow students/participants.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ACCRUING TO MY CHILD AND ME, AND SIGN IT VOLUNTARILY.

Name of Participant: (Print) _____

Name of Parent/Guardian: (Print) _____

Address of Participant: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Numbers of Parent/Guardian:

Home: _____

Work: _____

Cell: _____

Email of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

